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NOTICE OF APPEAL FROM THE EXAMINER TO THE

BOARD OF PATENT APPEALS AND INTERFERENCES. Kohler 10-31-39 In re Application of I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Kohler et al. Commissioner for Patents, Washington D.C. 20231" Application Number Filed 10/586,176 April 6, 2007 For Method And Apparatus For Hot Carrier Programmed Signature One Time Programmable (OTP) Memory Typed or printed name Group Art Unit Examiner 2827 Fernando N. Hidalgo Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 540.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0762 I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Kevin M. Mason attorney or agent of record. Typed or printed name attorney or agent acting under 37 CFR 1.34(a). May 8, 2009 Registration number if acting under 37 CFR 1.34(a) Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. ☐ \*Total of forms are submitted

Burdon Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of sime you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, D.C. 2023.1 D.N.O.13 SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, D.C. 2023.1 D.N.O.13 SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patients, Washington, D.C. 2023.1